

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS <input checked="" type="checkbox"/> MR FIRST <b>WILLIAM</b> MI <b>L</b> NICKNAME <b>LEE</b> LAST <b>WALLACE</b> SUFFIX <b>JR</b>			<b>OFFICE USE ONLY</b> Date Received <b>1/15/25 7:38pm</b> <b>NRH</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX: <b>2332 SHORELINE DR</b> APT / SUITE #: <b>KEMAH TX 77565</b> CITY: <b>KEMAH</b> STATE: <b>TX</b> ZIP CODE: <b>77565</b> Change of Address			Date Hand-delivered or Date Postmarked <b>Hand-Del 1/15/25</b> Receipt # <b>✓</b> Amount \$ <b>0</b> Date Processed <b>1/15/25</b> Date Imaged <b>1/16/25</b>	
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> AREA CODE <b>(281)</b> PHONE NUMBER <b>793.3128</b> EXTENSION				
<b>6 CAMPAIGN TREASURER NAME</b> MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR FIRST <b>GRISEL</b> MI NICKNAME <b>LEE</b> LAST <b>WALLACE</b> SUFFIX				
<b>7 CAMPAIGN TREASURER ADDRESS</b> STREET ADDRESS (NO PO BOX PLEASE): <b>2332 SHORELINE DR</b> APT / SUITE #: <b>KEMAH</b> CITY: <b>KEMAH</b> STATE: <b>TX</b> ZIP CODE: <b>77565</b> (Residence or Business)				
<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE <b>(281)</b> PHONE NUMBER <b>793.3168</b> EXTENSION				
<b>9 REPORT TYPE</b> <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b> Month <b>01</b> Day <b>15</b> Year <b>25</b> THROUGH Month <b>01</b> Day <b>15</b> Year <b>26</b>				
<b>11 ELECTION</b> ELECTION DATE Month <b>05</b> Day <b>03</b> Year <b>25</b>			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b> OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b> <b>KEMAH CITY COUNCIL POSITION 4</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

LEE WALLACE

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

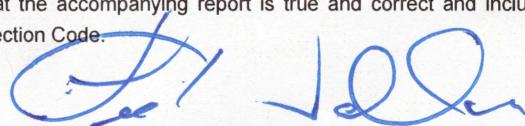
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

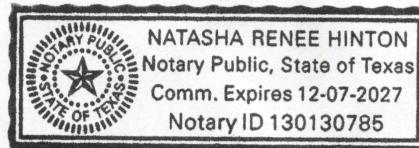
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Lee Wallace this the 15 day of January,  
20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)